

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN**

PSPRS Tier 1,2,3
CORP Tier 1,2,3

3010 East Camelback Road, Suite 200
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(602) 255-5575 | (877) 925-5575

Print, sign, then fax or email
to benefitapp@psprs.com
Fax (602) 296-2369

REQUEST FOR RETIREMENT ESTIMATE & APPLICATION

NOTE: MEMBER IS REQUIRED TO SIGN

Please submit to PSPRS only if within 6 months of retirement

MEMBER INFORMATION

MEMBER NAME: _____ **SSN (Last 4):** _____
BIRTHDATE: _____
ADDRESS: _____
Street City State Zip
PERSONAL EMAIL: _____ **CELL PHONE NUMBER:** _____
EMPLOYER: _____

PUBLIC SAFETY RETIREMENT

☐ **NORMAL RETIREMENT** **TERM DATE:** _____
☐ **ENTER DROP** **PARTICIPATION DATE:** _____
☐ **EXIT DROP** **TERM DATE:** _____
☐ **DEFERRED ANNUITY (TIER 1 ONLY)** **TERM DATE:** _____

CORP RETIREMENT

☐ **NORMAL RETIREMENT** **TERM DATE:** _____
☐ **REVERSE DROP RETIREMENT** **TERM DATE:** _____
PARTICIPATION DATE: _____
☐ **DEFERRED ANNUITY (TIER 1 ONLY)** **TERM DATE:** _____

MEMBER SIGNATURE: _____ **DATE:** _____

This form is required for members to indicate their intent to retire, defer retirement (DROP, RDROP) or elect for a deferred annuity. All benefit amounts provided to members by PSPRS as the result of submitting this form are estimates. Final benefit determinations are based on members' highest 3 or 5 years of salary and length of service ending on the members' final paid day of employment.